



UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

312 NORTH SPRING STREET

LOS ANGELES, CALIFORNIA 90012

TEL: 213-894-1215

FAX: 213-894-5084

REQUEST FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES INCURRED BY ATTORNEY SETTLEMENT OFFICER

Name of Payee: *(Include address, phone and fax numbers and social security or tax identification number)*

Case Title:

Case Number:

Date of Settlement Proceeding: *(If no settlement proceeding held, insert filing date of Attorney Settlement Officer Proceeding Report (Form ADR-03))*

Total Requested for Reimbursement: *(Set forth the nature, reason and amount of each expenditure supported by actual receipts or copies thereof. If applicable, include the signed Request to Incur Costs in Excess of \$50.00 form(s).¹)*

Name of Attorney Settlement Officer (Print)

Signature of Attorney Settlement Officer

Date

APPROVED FOR PAYMENT with funds from the Central District's Attorney Admissions Fund as provided for in the United States District Court Central District of California Policy for Reimbursement of Out-of-Pocket Expenses Incurred by Central District of California Attorney Settlement Officers.

Amount Approved: \$ _____

ADR Coordinator

Date

¹If extra space is needed, attach additional sheets of paper.